#### FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

124	7100
OMB	APPROVAL

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response.....16.00

SEC USE ONLY								
Prefi	X. ,	Serial						
	DATE RE	CEIVED						
	1.	1						

CHI ORGI EMITED OFF ERRING EXEMI	11014
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): A Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: Amendment	ULOE PECEIVED CO
A. BASIC IDENTIFICATION DATA	MH 0 9 200A
1. Enter the information requested about the issuer	1/2
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
ClaimForce, Inc.	(2) 181
Address of Executive Offices (Number and Street, City, State, Zip Code) 4320 Winfield Road Suite 200, Warrenville, IL 60555	Telephone Number (Including Area Code) 630-562-4090
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business  Provide claim services to the insurance industries	PROCECA
Type of Business Organization  [X] corporation  [ limited partnership, already formed	lease specify): JUL 1 4 2004
Month Year  Actual or Estimated Date of Incorporation or Organization: UF9 UF2 X Actual Estim  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)	nated
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to the filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
- ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.	

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Alban (2-20) a collection (2)	-	A. BASI	G IDENTI	FICATION D≜TA				
2. Enter the information requ	uested for the fol	100						
Each promoter of the	issuer, if the iss	uer has been organi	zed within	the past five years;				
Each beneficial owner	r having the pow	er to vote or dispose	, or direct tl	ne vote or disposition	n of, 10	)% or more	of a clas	ss of equity securities of the issu
Each executive office	er and director of	f corporate issuers a	nd of corp	orate general and ma	anaging	g partners o	f partn	ership issuers; and
• Each general and ma	naging partner of	f partnership issuers	S.			•		
Check Box(es) that Apply:	X Promoter	Beneficial O	wner 🔀	Executive Officer	ĮΧ̈́	Director	ΓX	General and/or
O'Mahoney, Denni	_				Ч		L	Managing Partner
Full Name (Last name first, if i			<del> </del>		·			·
1759 Brookwood I	,	t Chicago,	IL 60	185				
Business or Residence Address	(Number and	Street, City, State, 2	Zip Code)	<del></del>	-			
				•				·
Check Box(es) that Apply:	Promoter	Beneficial Ov	vner 🗍	Executive Officer		Director	П	General and/or
	<del></del>		_				_	Managing Partner
Full Name (Last name first, if i	ndividual)							
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Business or Residence Address	(Number and S	Street, City, State, 2	Zip Code)	·				· · · · · · · · · · · · · · · · · · ·
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Check Box(es) that Apply:	Promoter	Beneficial Ov	vner 🔲	Executive Officer		Director		General and/or
And the second s								Managing Partner
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Check Box(es) that Apply:	Promoter	Beneficial Ov	vner 🗌	Executive Officer		Director		General and/or Managing Partner
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Full Name (Last name first, if i	ndividual)							
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Business or Residence Address	(Number and S	Street, City, State, 2	lip Code)			:		
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Check Box(es) that Apply:	Promoter	Beneficial Ov	vner	Executive Officer		Director	L	General and/or Managing Partner
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Full Name (Last name first, if it	naividuaij		-	•				
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onon Box(ob) and rippi).		zenementa e ;		ZAVVIII VIII VIII VIII VIII VIII VIII VI	ليا	2		Managing Partner
Full Name (Last name first, if is	ndividual)							
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Business or Residence Address	(Number and S	Street, City, State, Z	ip Code)	<del></del>				
Check Box(es) that Apply: [	Promoter	Beneficial Ov	vner	Executive Officer		Director		General and/or
•	<del></del>	_ <del>_</del>	_		_		-	Managing Partner
Full Name (Last name first, if it	ndividual)					-		<del></del>

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

B, INFORMATION ABOUT OFFEEING													
										Yes	No		
I. Ha	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									****************	X		
2 3	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?									a.1.	000 00		
2. W	nat is the r	minimum	investm	ient that v	viii be acc	epted from	any individ	iuai?	•••••••••••••••••••••••••••••••••••••••	•••••••	***************************************		000.00
3. De	oes the offe	ering peri	mit joint	ownersh	ip of a sin	gle unit?			••••••			Yes	No
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or	states, list	the name	of the b	roker or de	ealer. If n	nore than five	e (5) person	ns to be list	ted are asso				
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M			NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
R	II S	CI L	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbf{w}}\mathbf{v}$	WI	WY	PR
Full Name (Last name first, if individual)													
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$·	\$
	Equity	100,000	\$100,000
	Common Preferred		
,	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		,
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		••
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	· · · · · · · · · · · · · · · · · · ·	\$
	Regulation A	<u> </u>	. \$
	Rule 504	None	<pre>\$_None</pre>
	Total	* * * * * * * * * * * * * * * * * * * *	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	X	\$_5,000
	Accounting Fees	 <u>K</u>	s 2,500
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total		\$ 7,500

	C. OFFERING PRICE, NUN	ABER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS:	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."		S	\$ 92 <b>,</b> 500
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross	i	
	orania in termina di Santa di Santa di Santa di Sa		Payments to	•
			Officers, Directors, & Affiliates	Payments to Others
	-Salaries-and-fees		\$ 30,000	\$
	Purchase of real estate		<b>\$</b>	<u></u> \$
	Purchase, rental or leasing and installation of ma and equipment	chinery	\$	s15,000
	Construction or leasing of plant buildings and fac-	cilities	□ \$	<u> \$ 6,000</u>
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities of another		
	Working capital			□\$31,500
	Other (specify):	*.		
	VF 15 3/			
			\$	<u></u> \$
	Column Totals		\$ <u>30,000</u>	[]\$ <u>62,500</u>
	Total Payments Listed (column totals added)		s_ <u>_9</u> ;	2,500
	and the first property of the second of the	D. FEDERAL SIGNATURE	100	
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to funding the formation furnished by the issuer to any non-acc	e undersigned duly authorized person. If this notic rnish to the U.S. Securities and Exchange Commi	e is filed under Ru ssion, upon writter	
รรบ	er (Print or Type)	Signature	Date	
(	laimForce, Inc.	Title of Signer (Print or Type)	6/24/04	
Van	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
	ennis O'Mahoney	President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Miragar	The state of the s	E. STATE SIGNAT	URE			
1.	Is any party described in 17 CFR 230.262 provisions of such rule?			on	Yes	No K
	S	ee Appendix, Column 5, for	state response.	ĭ		
2.	The undersigned issuer hereby undertakes t D (17 CFR 239.500) at such times as requ		rator of any state	e in which this notice is	filed a no	tice on Form
3.	The undersigned issuer hereby undertakes issuer to offerees.	to furnish to the state admin	istrators, upon v	vritten request, informa	ation furn	ished by the
4.	The undersigned issuer represents that the limited Offering Exemption (ULOE) of the of this exemption has the burden of establishment.	state in which this notice is f	iled and unders	ands that the issuer cla		
	ner has read this notification and knows the conthorized person.	ntents to be true and has duly c	aused this notice	e to be signed on its beh	alf by the	undersigned
ssuer (	Print or Type)	Stgnature		Date		
Cla:	imForce,Inc.	Je O'Mal		6/24/0	4	
	Print or Type)	Thie (Print or Type)	7			
Den	nis O'Mahoney	President		·		

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

T 1			Total profit of sequences and the sequences of the sequen	AI	PPENDIX	iges — top et sign Filmster (Antibetic)			
1	Intend to non-a investor	I to sell accredited is in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and rchased in State C-Item 2)		Disqua under St (if yes, explan waiver	lification ate ULOE , attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	·						-		
AK	· · · · · · · · · · · · · · · · · · ·								
····AZ									
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IL	Х		Common Stock \$86,000	3	\$80,000	1	\$10,000		
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MI						<u> </u>			
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MS				·			. 1		

## APPENDIX

1	Inten	2	Type of security and aggregate			4		under St (if yes	lification ate ULOE , attach ation of
	investor	s in State I-Item 1)	offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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МТ	<del></del>								
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NV			<del></del>						
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VA.									
WA									
WV									
WI							·		

				APP	ENDIX					
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	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY						···				
PR	1									